



The Heroin Epidemic: Women Who Use Opiates and other Substances

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DBHDS Vision: A life of possibilities for all Virginians

Perinatal Substance Use

- What we know about mothers who use.
- What's different about opiate use?
- Treatment needs and services for opiate dependent women.



Maternal Substance Use

- Ongoing concern across Virginia's service delivery systems regarding our difficulty reaching and serving substance using pregnant and parenting women and their children.



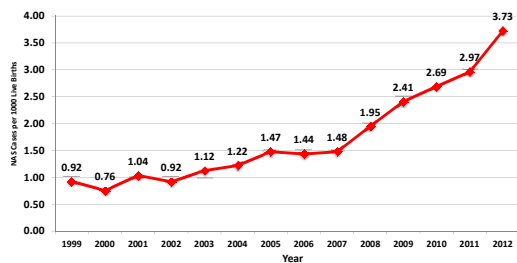
Women's Use: 2012-2013 * (ages 15-44)

Substance	Not Pregnant	Pregnant
Cigarettes	24%	15.4%
Alcohol	55.4%	9.4%
Binge Alcohol (4 or more drinks in 2hrs)	24.6%	2.3%
Heavy (binge use 5 x 30 days)	5.3	.04
Any Illicit Drug	11.4%	5.4%

Virginia Data

- About 100,000 infants are born in Virginia each year.
- According to National Survey of Drug Use and Health (NSDUH) data, approximately 10,000 of these infants will be substance exposed.
- We don't know how many pregnant women in Virginia use opiates.

NAS Rate per 1000 Live Births, 1999 to 2012, Virginia



Virginia Laws Related to Maternal Use

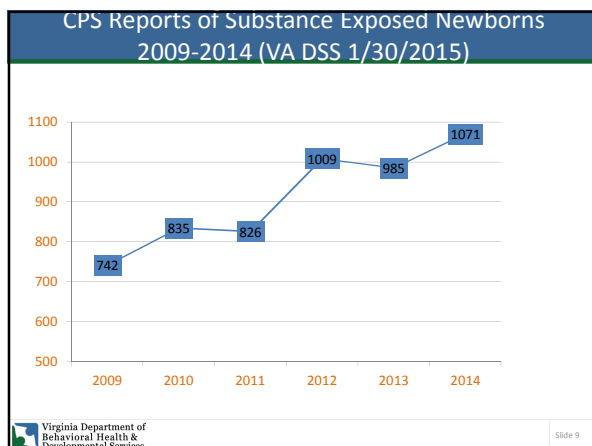
- §54.1-2403.1 (1992)**
 - Prenatal care providers must conduct a medical history to screen all pregnant women for substance use
- §63.2 – 1509 B (1998;2012)**
 - Health care providers must report substance exposed newborns to Child Protective Services (CPS)
- §32.1-127 (1998)**
 - Hospitals must develop a discharge plan and refer identified postpartum substance using women to the community service board (CSB)

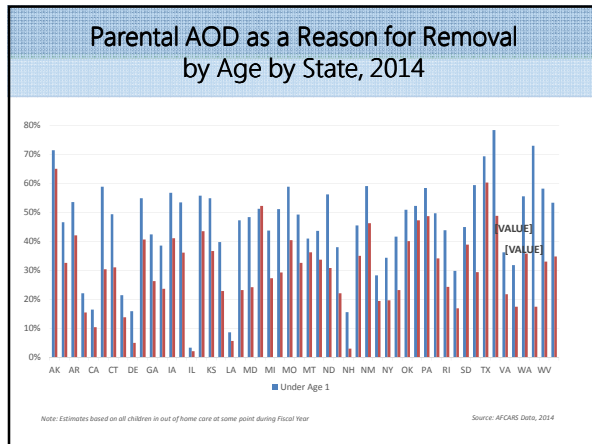
SFY 2015 Data

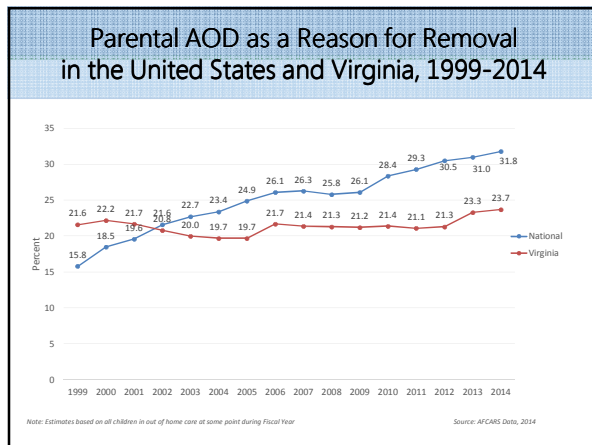
- 533 pregnant substance using women were served by a CSBs. (36 referred by a medical provider)
- 1099 SEI reports made to CPS by medical providers
- 238 hospital referred postpartum women received services from a CSB

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More Reasons to be Concerned

- Two reports from the Office of the Chief Medical Examiner raised additional concerns
 - Sleep Related Infant Deaths in Virginia (2014)**
 - 95% of these deaths preventable.
 - Substance use was a contributing factor.
 - Pregnancy-Associated Deaths From Drug Overdose in Virginia, 1999-2007 (2015)**
 - Substance use contributed to 24.2% of pregnancy associated deaths .
 - 11.6% of these deaths were due to unintended overdose.

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To Solve a Problem, First You Need to Understand It



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Substance Use

- Addiction is a brain disease. Substance use disorders (S.U.D.) are chronic medical conditions.
- Substance abuse has occurred throughout history- only the drug of choice changes.
- 11.9% of children live with at least one parent who has a substance use disorder (NSDUH)
- Use today:
 - Poly drug use continues to be the norm
 - America's opiate epidemic raises new concerns:
 - Overdose
 - Neonatal Abstinence Syndrome (NAS)

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Men and Women's Use Differs

- Patterns of substance use (the how, what, why & where)
- Psychological differences & disorders
- How metabolize mood altering substances & physical consequences
- Social & cultural factors
- Consequences of their use
- Issues related to pregnancy & parenting
- Pathways and barriers to treatment

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Women with S.U.D.s Have Multiple Problems

- Co-occurring mental health disorders
- History sexual/ physical/ emotional abuse
- Impoverished
- Introduced to use by a partner, family member or friend &/or involved with someone who uses
- Experience greater stigma –especially if pregnant
- The lack of social support -> greater social consequences

Pregnancy and Parenting

- 50% of pregnancies are unplanned. Many women use before they know they are pregnant.
- Any use during pregnancy is harmful to the unborn child. Risks to the child extend beyond delivery
- Women don't acknowledge use due to stigma and/or fear they will lose custody of their children
- Most women want what is best for their baby and stop use during pregnancy. Those who don't, have a substance use disorder (S.U.D.) and aren't able to stop without support.
- Pregnancy = window of opportunity.

Barriers to Treatment for Women

- Social stigma – especially if pregnant
- Lack of money, childcare, transportation
- Fear loss of custody of children
- Caretaking responsibilities for others
- Less likely than men to be encouraged to seek services

These Differences Influence:

- How we can identify women in need
- What providers need to do to engage women.
- The type of treatment and support services women need
- Challenges and barriers to getting women into treatment

Opioid Use



Opiate Addiction

Non Medical Prescription Use (2014 NSDUH)

- 15 million people aged 12 or older used prescription drugs non-medically in the past year.
- More men than women misuse Rx drugs but misuse by women is increasing faster.
- 1999- 2010
 - Sales of opioids increased nearly four-fold
 - Opioid overdoses increased nearly 4 times
- Ease of access e.g., introduced to by friends, family etc.
- Progress to heroin because it's cheaper

Opioids Relieve Pain

- Prescribed to treat acute pain. Since 1990's prescriptions to treat chronic pain have increased significantly
- Don't actually reduce pain; instead work by reducing the intensity of pain signals that reach the brain
- Also affect those brain areas that control emotions, which diminishes the effects of a painful stimulus.

Opioids

- Hydrocodone (e.g., Vicodin)
- Oxycodone (e.g., OxyContin, Percocet)
- Morphine (e.g., Kadian, Avinza) - severe pain
- Codeine, and related drugs – mild pain
- Heroin
- Fentanyl
- Opiate Effects:
 - drowsiness, mental confusion, nausea, constipation, and **respiratory depression**
 - Can produce euphoria when taken in a higher-than-prescribed dose or administered in other ways than intended

Dependence versus Addiction

- **Physical dependence** occurs if opiates are taken often enough and in sufficient amounts. Dependence is marked by:
 - Tolerance (the need to take higher doses of a medication to get the same effect)
 - Withdrawal (agitation, diarrhea, anxiety, flu like symptoms, sweating, insomnia, runny nose etc)
- **Addiction** is characterized by compulsive drug seeking and use, despite harmful consequences.

Overdose

- When combined with benzodiazepines (xanax, Librium, valium etc.) the risk of opiate overdose increases.
- Cutting heroin with fentanyl has increased overdoses
- Overdose can be reversed by administering NARCAN (naloxone)

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Effect of Maternal Use on Newborn



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How Perinatal Use Can Affect Newborns

- Premature delivery
- Low birth weight
- Irritable, difficulty with self soothing
- Unresponsive/ difficulty bonding
- Neurological and congenital problems
- Sudden Unexplained Infant Death (SUID)

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Tobacco Use and Birth Outcomes

- Prematurity
- Higher rates of miscarriage, Placenta Previa
- Low birth weight
- Increased risk for SUID and SIDS
- Respiratory problems



Alcohol Use and Birth Outcomes

- 10% pregnant women drink alcohol
- No safe amount known
- #1 preventable cause of mental retardation
- Can cause irreversible neurological and cognitive damage to the newborn



Opioid Use and Birth Outcomes

- Includes heroin, methadone, prescription pain medications etc.
- Ongoing opiate use -> infants' physical dependence.
- Withdrawal
 - ❖ Irritable
 - ❖ Easily over stimulated
 - ❖ Difficulty soothing self
 - ❖ Tremors
 - ❖ Diarrhea
 - ❖ Cries a lot
 - ❖ Feeding difficulties



Neonatal Abstinence Syndrome (NAS)



- When infant's withdrawal symptoms are more extreme, they are referred to as neonatal abstinence syndrome (NAS) and may require
 - Hospitalization
 - Medication
- NAS is a expected and treatable condition but, if not properly treated, it can be life threatening

Maternal Opiate Use: Other Harmful Consequences

- Caregivers use may contribute to child neglect
- Sudden Unexplained infant death (S.U.I.D)
- Maternal overdose



Treatment Recommendations

- Medical *Best Practice*: maintain pregnant opiate dependent women on medically assisted treatment (MAT) e.g. methadone or Subutex
- Provide comprehensive gender specific substance use treatment, which address mothers and infants special needs, along with MAT services
- Maintain mom on MAT postpartum to prevent relapse, support mother-infant attachment and ensure optimal care of infant.

Critical Services for Mom & Baby

- Prenatal care
- Substance use and mental health treatment
- Wrap Around Support Services
- Medically Assisted Treatment (MAT)
 - Methadone
 - Buprenorphine (Subutex)
- Anticipatory guidance regarding caring for an infant who has been substance exposed.
- Plan of Safe Care



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CAPTA, CARA and Plans of Safe Care

- CAPTA expectations
- Plan of Safe Care Improvement Act (May 2016)
 - Requires that states ensure that Plans of Safe Care are developed for all infants that have been exposed to **legal and illegal** substances
- Requires that the multiple systems that serve women and their newborns work together



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Plan of Safe Care

- Ideally started during pregnancy; extended through childhood
- Multidisciplinary
- Individualized. Addresses Mom and child's strengths and challenges
- Does not presume abuse or neglect.
- Guided by preference for keeping moms, babies and families together.
- Includes follow up plans that support the family and focus on the longer-term well-being of the infant, mother and family.



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Plan of Safe Care Should Address:

- Caregivers' behavioral health treatment needs
- Families social needs (Food, shelter, financial support etc)
- Safe environment for the child
- Mom's and infant's medical needs
- Potential impact of in utero substance exposure. Prepare caregivers' for what they should anticipate
- Attachment and Infant development
- Parenting education and child care

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CSB's S.U.D Treatment Services

- Public substance abuse treatment services are available through the community service boards (CSBs)
- Continuum of services vary by CSBs depending upon funding and community resources
- CSBs follow the American Society of Addiction Medicine (A.S.A.M.) guidelines to determine the appropriate level of treatment.
- DMAS requires that providers use the ASAM criteria in order to be reimbursed for services.

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Women's S.U.D. Services

- All CSBs must provide gender specific substance abuse treatment to pregnant and parenting women
- Pregnant women must be seen within 48 hours of request. If unable provide needed services, the CSB must provide interim services and contact DBHDS for assistance
- Women's services also vary by CSB depending upon funding and community resources.
 - 9 Project LINK sites
 - Other CSBs have developed special women's services

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Medically Assisted Treatment (MAT)

- 33 opiate treatment programs (OTPs) throughout Commonwealth dispense methadone.
 - 4 public, 29 private OTPs
 - DBHDS's Licenses OTPs and provides oversight
 - Handle with C.A.R.E initiative developing OTP Service Guidelines for Pregnant Women
- Specially waived physicians can prescribe Subutex / Buprenorphine

MAT Can Be Difficult to Access


- Stigma
- OTPs and waived providers are not available in all communities
- Many lack funding to pay for MAT
- Although Medicaid covers MAT, few providers bill Medicaid

Virginia Initiatives

- **Handle with C.A.R.E.** seeking to create a common response across agencies to perinatal substance use
 - Improve identification and referral to treatment of pregnant and parenting women who use substances
 - Develop OTP Guidelines for Serving Pregnant Women
 - Develop Guidelines for Developing Plans of Safe Care for Infants who have been exposed to substances in utero
- **Project Revive:** provides training to professionals, stakeholders, and others on how to recognize and respond to an opioid overdose emergency by administering naloxone.


Treatment Resources

- To locate a CSB go to:
<http://www.dbhds.virginia.gov/individuals-and-families/community-services-boards>
- To learn about Part C Early Intervention Services
<http://www.infantva.org>
- To learn about and locate a home visiting program in your area go to
 - <http://www.homevisitingva.com>


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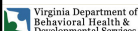
Educational Resources

- National Institute of Drug Abuse
<https://www.drugabuse.gov>
- Substance Abuse and Mental Health Services Administration
<http://www.samhsa.gov/prescription-drug-misuse-abuse>
- National Center for Substance Abuse and Child Welfare
<https://ncsacw.samhsa.gov>


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My Contact Information

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